

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

**Consumer Healthcare Products Association PAC (CHPA/PAC)**

ADDRESS (number and street)

**900 19th Street, NW**☐(Check if address  
is changed)**Suite 700****Washington****DC****20006**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)**chpapak@chpa-info.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

3. FEC IDENTIFICATION NUMBER

**C C00040584**

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

**Roman G. Blazauskas**

Signature of Treasurer

Electronically Filed by **Roman G. Blazauskas**

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)